

SUPPLEMENT TO THE RATE ELIGIBILITY FORM

NAME OF CHILD/YOUTH:	AGE OF CHILD/YOUTH (SUPPLEMENT FOR CHILDREN THREE (3) YEARS OF AGE AND OLDER):
DATE FORM COMPLETED:	DATE OF REQUEST FOR SUPPLEMENT:

The county child welfare services worker or the adoption worker must complete the following rate chart by circling the number(s) that correspond with all YES answers using the completed Questionnaire(s). A child may be eligible for a supplement to the rate reflected in any of the three boxes below. The supplement to the rate must not exceed one thousand (\$1,000) dollars.

Rate Chart

Circle all yes answers	<p>1, 3, 5, 6, 9, 10</p> <p>Yes answer to any one of the above questions = \$1,000</p>
Circle all yes answers	<p>2, 4, 7, 8</p> <p>Yes answer to any four of the above questions = \$1,000</p> <p>Yes answer to any three of the above questions = \$750</p> <p>Yes answer to any two of the above questions = \$500</p> <p>Yes answer to any one of the above questions = \$250</p>
Circle all yes answers	<p style="text-align: center;">OR</p> <p>11a, 11b, 2, 4, 7, 8</p> <p>Yes answer to 11(a) and any one of the above questions = \$1,000</p> <p>Yes answer to 11(b) and any two of the above questions = \$1,000</p> <p>Yes answer to 11(b) and any one of the above questions = \$750</p> <p>Yes answer to 11(a) = \$750</p> <p>Yes answer to 11(b) = \$500</p>

SUPPLEMENT AMOUNT APPROVED:	EFFECTIVE DATE:
DATE OF APPROVAL:	DATE OF DENIAL:
PRINTED NAME OF PERSON COMPLETING THIS FORM:	

DATE:	PHONE:	FAX:
AGENCY NAME:		

SOCIAL SERVICES/ADOPTION/PROBATION
(CIRCLE ONE)

ADDRESS:

SIGNATURE: